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APPLICANTS

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** CONTINUING DATA *****

None any

** FOREIGN APPLICATIONS *****

None any

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 11	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>ay</i>				
Verified and Acknowledged	Examiner's Signature <i>ay</i>	Initials		

ADDRESS

23521
 SALTAMAR INNOVATIONS
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TITLE

Self-service kiosk control program

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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